PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

	•	CLAIM	S AS FILED -	SMALL	SMALL ENTITY		OTHER THAN				
			(Column 1)		(Column 2)			OR	SMALL		
FOR-		NL	JMBER FILED	NUMBER	NUMBER EXTRA		FEE		RATE	FEE	
BASIC FEE							345.00	OŖ		690.00	
TO	TAL CLAIMS 3	<u>'</u>	39 minus 2	20= • 9		X\$.9=	· .	OR	X\$18=	162	
IND	EPENDENT CL	AIMS	2 minus	3 = *		X39=		OR	X78=		
ΜŪ	MULTIPLE DEPENDENT CLAIM PRESENT							OR	+260=	260	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2						1	OR	TOTAL	1112	
CLAIMS AS AMENDED - PART II						TOTALC			OTHER THAN		
	(Column 1) (Column 2) (Column 3)					SMALL ENTITY (OR SMALL ENTITY		
AMENDMENT A		CLAIM: REMAINI AFTEF AMENDM	NG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
NON	Total	• 33	Minus	39	=	X\$ 9=		OR	X\$18=		
AME	Independent	2	Minus	*** 3	=	X39=	,	OR	X78=		
•	FIRST PRESE	NIATION	OF MULTIPLE DEF	ENDENT CLAIM	<u>. </u>	+130=		OR	+260=		
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column	1)	(Column 2)	(Column 3)	ADDITITE C	· 		ADDII. 1 EE		
AMENDMENT B		CLAIM REMAINI AFTEF AMENDM	NG R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	=	X39=		OR	X78=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY							OR	+260=		
					Y	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
-		(Columr	າ 1)	(Column 2)	(Column 3)	7,0011.1		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
IENT C		CLAIM REMAINI AFTEF AMENDM	NG A	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**	=	X\$ 9= ·		OR	X\$18=		
	Independent	*	Minus	***	=	X39=			X78=		
_	FIRST PRESE	NTATION (OF MULTIPLE DEF	PENDENT CLAIM				OR	7,752		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the apprendict box in column 1.											

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	-3	Total
·	Sm./Lg.				Sm. Entity	Lg. Entity		190
Basic Filing Fee	201/101	~ (1)	G		345	690	=	6 /0
Total Claims >20	203/103	3 -20 =		x	9	18	= .	162
Independent Claims >3	202/102	~ .3 =		х	39	78	=	
Mult. Dep Claim Present	204/104				130	260	=	260
Surcharge	2 05/105				65	130	=	130
English Translation	139	_						
TOTAL FEE CALCULA	ATION		÷					1242

Fees due upon filing the application:

Total Filing Fees Due = \$ 124 2

Less Filing Fees Submitted - \$

BALANCE DUE

= \$ _____

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)